

By: Strama

H.B. No. 1842

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the provision of certain services and information
3 related to unintended pregnancies and sexually transmitted
4 diseases.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. SHORT TITLE. This Act may be cited as the Texas
7 Prevention First Act.

8 SECTION 2. PURPOSES AND FINDINGS. (a) The goal of this
9 bill is to decrease the number of unintended pregnancies and
10 abortions in Texas.

11 (b) In 2003, 51.6 percent of the 374,836 total births in
12 Texas were paid for by Medicaid. In other words, one out of every
13 two births in Texas is paid for by Medicaid (Source: *State of Texas*
14 *1115(a) Research and Demonstration Waiver*, submitted to the federal
15 Centers for Medicare and Medicaid Services by the Health and Human
16 Services Commission, p. 9).

17 (c) For the state fiscal year 2003, the Texas Department of
18 Health, the predecessor of the Department of State Health Services,
19 found that the state's family planning program averted 193,502
20 pregnancies, for an estimated \$472 million in cost savings
21 (Source: TMHP, *Family Planning Ad Hoc Request Performance Measures*
22 *2/9/2004*. Texas Department of Health, Bureau of Women's Health).

23 (d) The projections for the Women's Health Program
24 specifically show a cost savings of \$467 million over the five-year

1 demonstration timeline, \$278 million in state savings and \$189
2 million in federal savings, by reducing the number of Medicaid-paid
3 births and associated costs (Source: Women's Health Program
4 Demonstration Budget, *State of Texas 1115(1) Research and*
5 *Demonstration Waiver*).

6 (e) In addition to averted costs, Texas receives federal
7 dollars at the highest possible matching ratio for all Medicaid.
8 The federal government will pay \$9 for every \$1 of state funds spent
9 on family planning services and supplies (Source: *Medicaid: A*
10 *Critical Source of Support for Family Planning in the United*
11 *States*, Issue Brief, Kaiser Family Foundation, April 2005).

12 (f) According to the Department of State Health Services, in
13 2005, a total of 102,011 sexually transmitted disease cases,
14 excluding HIV/AIDS, were reported in Texas. At the end of 2005,
15 approximately 67,629 AIDS cases have been reported in Texas
16 (Source: *2005 Texas HIV/STD Surveillance Report*, Department of
17 State Health Services).

18 SECTION 3. OUTREACH CAMPAIGN. Subchapter B, Chapter 531,
19 Government Code, is amended by adding Section 531.093 to read as
20 follows:

21 Sec. 531.093. UNINTENDED PREGNANCIES AND SEXUALLY
22 TRANSMITTED DISEASES: OUTREACH CAMPAIGN AND SERVICES PROVIDED. (a)
23 To the extent money is available for the purposes provided by this
24 section, the commission shall provide adequate and sufficient
25 funding to conduct a comprehensive marketing and outreach campaign
26 to reduce the number of unintended pregnancies and lower the rates
27 of sexually transmitted diseases. The campaign must include print

1 and broadcast media, Internet websites, and a toll-free telephone
2 number.

3 (b) The commission, the Legislative Budget Board, or the
4 governor, in providing adequate and sufficient funding for the
5 campaign as required by Subsection (a), may not take any action to
6 decrease the level of programs and services designed to reduce the
7 number of unintended pregnancies and lower the rates of sexually
8 transmitted diseases to below the level of programs and services
9 provided on September 1, 2007.

10 SECTION 4. EDUCATION. Section 28.004, Education Code, is
11 amended by amending Subsections (e) and (i) and adding Subsections
12 (m) and (n) to read as follows:

13 (e) Any course materials and instruction relating to human
14 sexuality, sexually transmitted diseases, or human
15 immunodeficiency virus or acquired immune deficiency syndrome
16 shall be selected by the board of trustees with the advice of the
17 local school health advisory council and must:

18 (1) present abstinence from sexual activity as the
19 preferred choice of behavior in relationship to all sexual activity
20 for unmarried persons of school age;

21 (2) devote more attention to abstinence from sexual
22 activity than to any other behavior;

23 (3) emphasize that abstinence from sexual activity, if
24 used consistently and correctly, is the only method that is 100
25 percent effective in preventing pregnancy, sexually transmitted
26 diseases, infection with human immunodeficiency virus, ~~[or]~~
27 acquired immune deficiency syndrome, and the emotional trauma

1 associated with adolescent sexual activity;

2 (4) direct adolescents to a standard of behavior in
3 which abstinence from sexual activity before marriage is the most
4 effective way to prevent pregnancy, sexually transmitted diseases,
5 ~~[and]~~ infection with human immunodeficiency virus, and ~~[or]~~
6 acquired immune deficiency syndrome; and

7 (5) ~~[teach contraception and condom use in terms of~~
8 ~~human use reality rates instead of theoretical laboratory rates,]~~
9 if instruction on contraception and condoms is included in
10 curriculum content, teach contraception and condom use in terms of
11 typical use rates and perfect use rates, with an emphasis on the
12 reasons those rates differ.

13 (i) Before providing human sexuality instruction to
14 students, a [A] school district shall provide written notice to
15 [notify] a parent of each student enrolled in the district. The
16 notice must include [of]:

17 (1) a summary of the basic content of the district's
18 human sexuality instruction to be provided to the student, with a
19 statement informing the parent that the instruction is required by
20 state law to:

21 (A) present abstinence from sexual activity as
22 the preferred choice of behavior in relationship to all sexual
23 activity for unmarried persons of school age; and

24 (B) devote more attention to abstinence from
25 sexual activity than to any other behavior; [and]

26 (2) a statement of whether the instruction is
27 considered by the district to be abstinence-only instruction or

1 comprehensive instruction, including an explanation of the
2 difference between those types of instruction and a specific
3 statement regarding whether the student will receive information on
4 contraception and condom use;

5 (3) if the instruction will include information on
6 contraception and condom use, a statement that state law requires
7 the information to be taught in terms of typical use rates and
8 perfect use rates, with an emphasis on the reasons those rates
9 differ;

10 (4) a statement of the parent's right to:

11 (A) review curriculum materials under Subsection
12 (j); and

13 (B) remove the student from any part of the
14 district's human sexuality instruction, without subjecting the
15 student to any disciplinary action, academic penalty, or other
16 sanction; and

17 (5) information describing the opportunities for
18 parental involvement in the development of curriculum to be used in
19 the instruction, including information regarding the council
20 established under Subsection (a).

21 (m) The board procedure adopted under Section 26.011
22 applies to a complaint filed regarding a right guaranteed by this
23 section.

24 (n) In this section:

25 (1) "Abstinence-only instruction" means instruction
26 that does not include information about preventing pregnancy,
27 sexually transmitted diseases, infection with human

1 immunodeficiency virus, or acquired immune deficiency syndrome
2 through any means other than total abstinence from sexual activity.

3 (2) "Perfect use rate" means the rate of failure for a
4 method of contraception when that method is used by a person for
5 each act of sexual intercourse and is used by the person for each
6 act according to the instructions for the method. The rate is
7 identical to the rate defined as the lowest expected success rate by
8 the United States Food and Drug Administration.

9 (3) "Typical use rate" means the rate of failure for a
10 method of contraception when that method is not used by a person for
11 each act of sexual intercourse or when that method is not used by a
12 person for each act according to the instructions for that method.
13 The rate is identical to the rate defined as the typical use rate by
14 the United States Food and Drug Administration.

15 SECTION 5. EFFECTIVE DATE. This Act takes effect September
16 1, 2007.